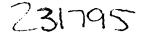
CLASS C AMENDMENT FORM



Mail or fax a copy to:

File the original with:

Public Service Commission of South Carolina Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 – 5100
FAX (803) 896-5199



S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 8 - 29 - 11	
I have the following Certificate:	
Class C Taxi # Class C Charter # _	Class C Charter Bus #
Class C Non-Emergency # 8355 Dock	Number # 2010-374-T
Please consider this as my request for the following amendment(s) to my Certificate:	
Name Change	
From:DBA	A:
(Current Name)	(Current DBA if applicable)
TO: DBA:	(New DBA if applicable)
From: <u>Serkeley</u> , <u>Dorchester</u> Counties To: (Current Scope)	Beautort, Colleton Counties (New Scope)
Passenger Limit	. ,
From: To:_	
(Current Limit Number)	(New Limit Number)
CARE & Safety Transportation L.C. Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
S.t. Helena Is. 29920	Wendell yoursel
(City, State, Zip Code)	(Signature)
1843) 476.3730	ÔWNER
(Telephone Number)	(Title) Owner President etc